

1. DATE - TIME GROUP 4 October 64 05/0045Z	2. LOCATION Oswego, New York
3. SOURCE Civilian	10. CONCLUSION AIRCRAFT
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 5 Minutes	11. BRIEF SUMMARY AND ANALYSIS <p>No sound. Objects disappeared behind woods. Dark night. Object bright like lightbulb. Light flashed, other motion steady. Object had one RED flashing light and three white lights that were steady. Red light on top. White lights underneath. Flight East to West turning North. Observation at 15 deg elevation (just above horizon). Initial sighting in North. Flight to South then East to West and finally turning North at disappearance behind trees. Total duration, 5 minutes. Speed slow about 60 mph estimate. Object believed to be only 200 yds away. Size of about 15 ft long.</p> <p>COMMENTS: No data presented to indicate that the sighting could NOT have been caused by an a/c. No military flights reported in area, however local VFR flight of light a/c could have caused the reports.</p>
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Manuvered	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

34. Date you completed this questionnaire:

3 12 64
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

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TDEW

Unidentified Object, 4 Oct 64

4 Nov 64

Mr. [REDACTED]
Owego, New York

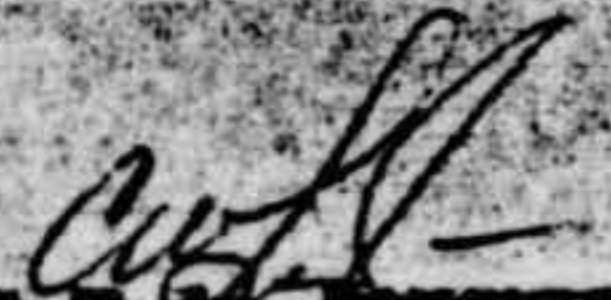
Dear Mr. [REDACTED]:

This letter is in reference to your reported sighting of 4 Oct 64, as furnished to us by CMEgt Donald E Ferguson. The information which we have received is not sufficient to determine the specific objects which you observed. Basic information indicates a possible aircraft observation.

It is requested that you fill out the attached forms and return them to our office in the self-addressed envelope which is provided for your convenience in replying.

Your interest in reporting this matter to the Air Force is appreciated.

FOR THE COMMANDER


ERIC T. JONCKHEERE
Colonel, USAF
Deputy for Technology
and Subsystems

- 2 Atchs
1. FTD Form 164
(2 copies)
2. Envelope
- 1335*
Full record
10/11/64

4 Oct. P. 45
 2 together opposite direction
 1 Light (Red) top Blanks
 Stationary white light
 underneath - Vertical
 Travels Horizontal
 approx. 50 mi. hr.
 about the top level.

West of Oswego this is high

5th Dec 11:30 - Cold Windy.
 almost clear

5th North - same
 1945
 6th Cold Windy

Not Cloudy.
 Crossed Road above him
 Dec

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STERN
 Uniden

Mr. J. C.
 Box 32
 Oswego,

Dear Mr.

This is
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 object
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 to out

Yours

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 Deputy
 and

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

4TH October 1964
Day Month Year

2. Time of day: 8 45
Hour Minutes

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One)

a. Eastern

b. Central

c. Mountain

d. Pacific

e. Other

(Circle One)

a. Daylight Saving

b. Standard

4. Where were you when you saw the object?

Nearest Postal Address

City or Town

State or County

5. How long was object in sight? (Total Duration)

Hours

Minutes

Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

distance I traveled

5.2 Was object in sight continuously?

Yes

No X

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

NIGHT

a. Bright

b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):

a. In front of you

b. In back of you

c. To your right

d. To your left

e. Overhead

f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

Electric Light bulb

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other ALL I saw was
LIGHTS

13. Did the object:

(Circle One for each question)

- | | | | |
|---|------------|-----------|------------|
| a. Appear to stand still at any time? | Yes | <u>No</u> | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | <u>No</u> | Don't know |
| c. Break up into parts or explode? | Yes | <u>No</u> | Don't know |
| d. Give off smoke? | Yes | <u>No</u> | Don't know |
| e. Change brightness? | Yes | <u>No</u> | Don't know |
| f. Change shape? | Yes | <u>No</u> | Don't know |
| g. Flash or flicker? | <u>Yes</u> | <u>No</u> | Don't know |
| h. Disappear and reappear? | Yes | <u>No</u> | Don't know |

14. Did the object disappear while you were watching it? If so, how?

Yes, went behind woods

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind:

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of:

17. Tell in a few words the following things about the object:

a. Sound *no sound, because the wind was blowing so hard.*

b. Color *red light on top that flashed, white lights under did not flash.*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

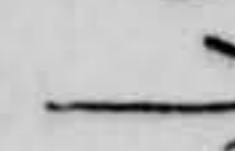
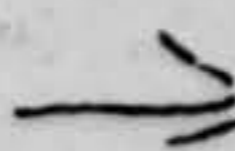
about $\frac{1}{3}$ of the spacing of the lights

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.

Q red flashing

Q white lights steady



west to east

20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? 60

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? 150 to 200 yds.

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

b. In a car

c. Outdoors

d. In an airplane (type)

e. At sea

f. Other standing outside car

23. Were you (Circle One)

a. In the business section of a city?

b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? 25 miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

No

e. Binoculars

Yes

No

b. Sun glasses

Yes

No

f. Telescope

Yes

No

c. Windshield

Yes

No

g. Theodolite

Yes

No

d. Window glass

Yes

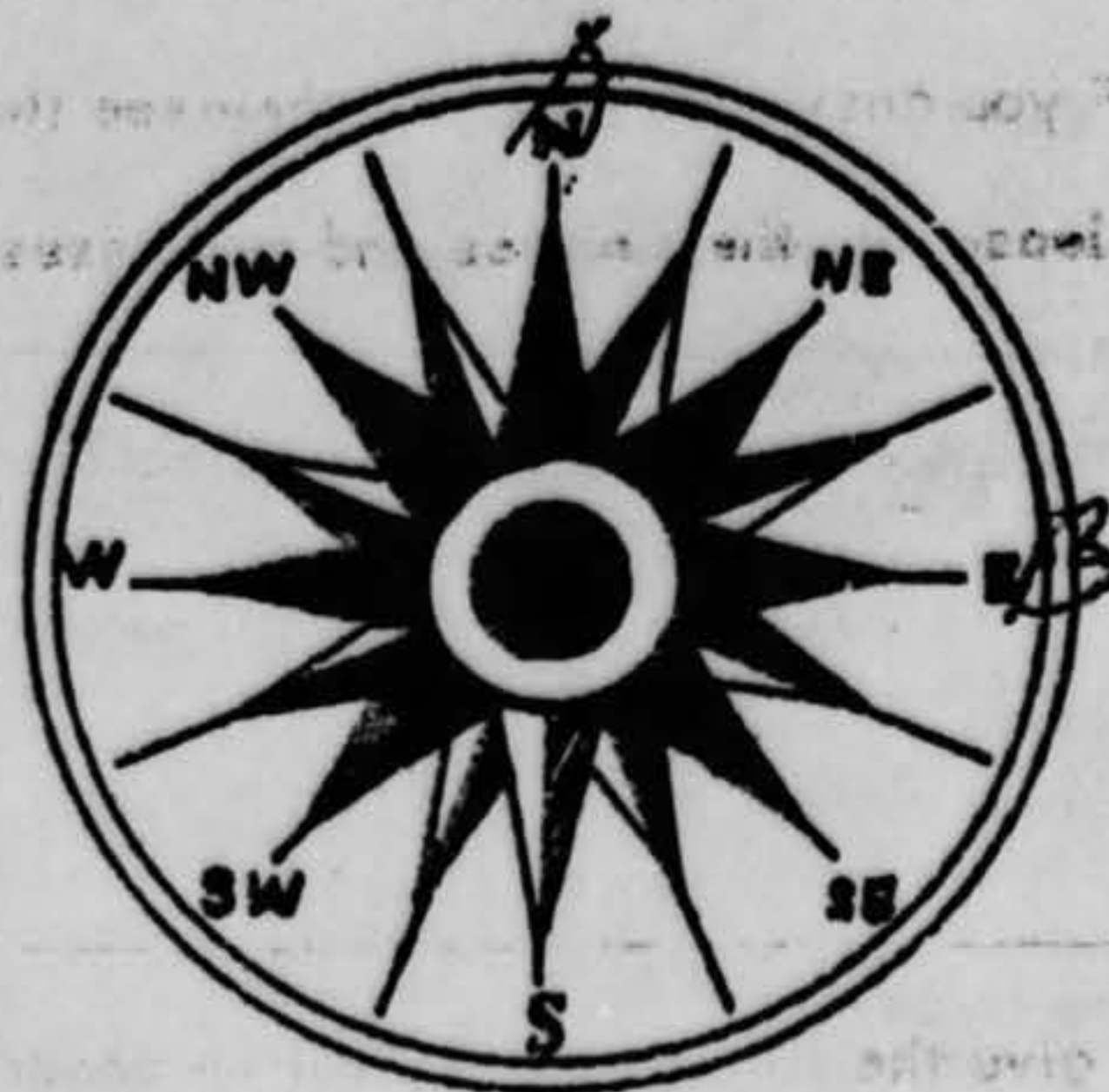
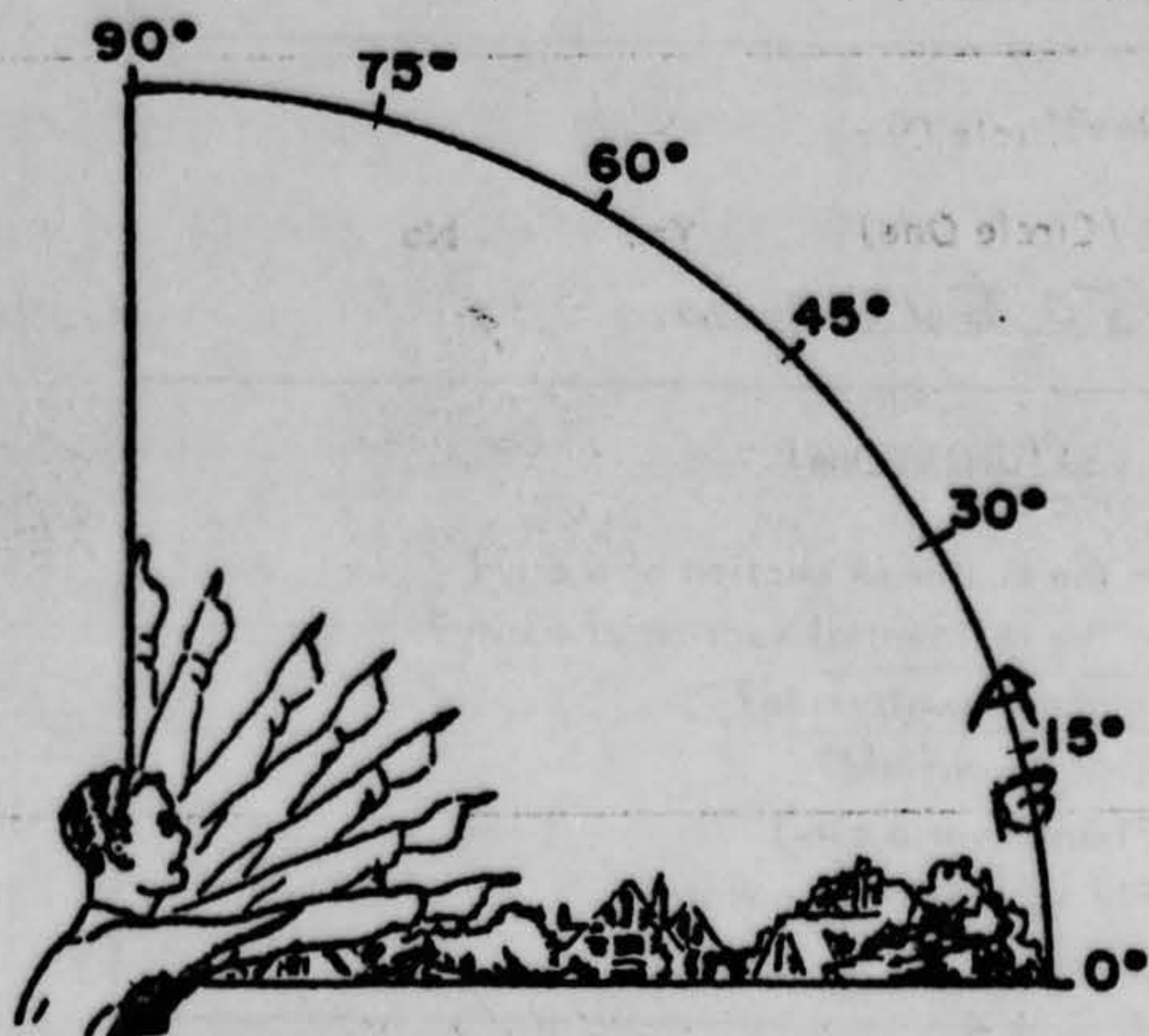
No

h. Other

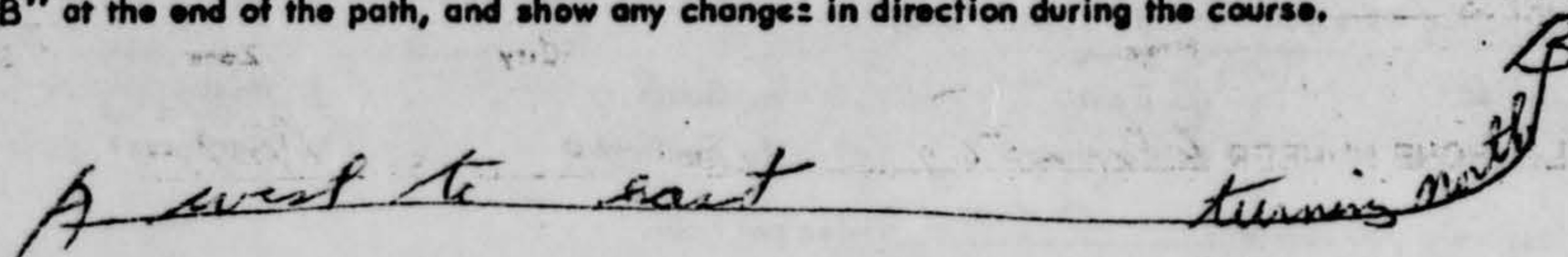
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Place a vertical line of light in the sky with a flashing red one at top then a space under it, then place two or three white ones close together. Have lights cover about 12 to 15 ft.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? _____

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

no

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

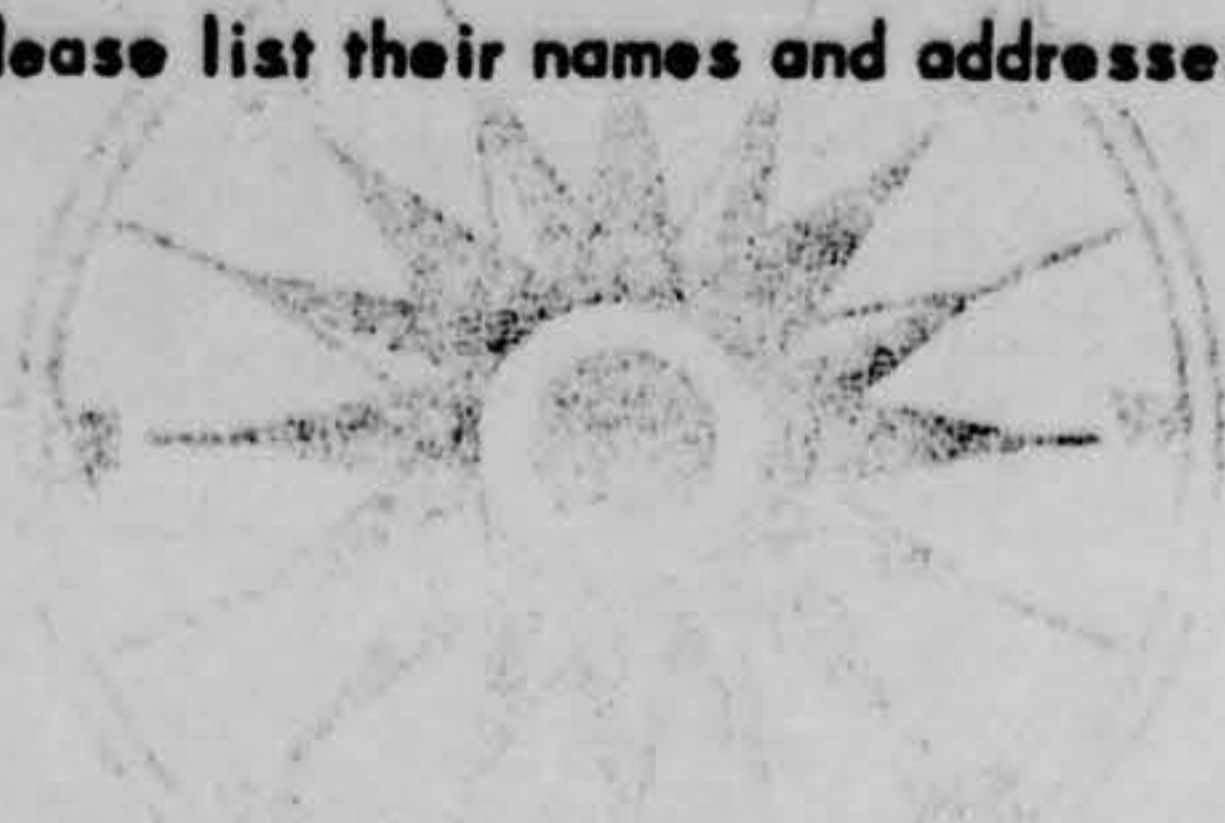
No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:



32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE 33

SEX

MALE

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

5th

Day

October

Month

1964

Year

CMA Sgt. DONALD E. FERGUSON

Dayton, Ohio